The synthetic vasopressin analog terlipressin improves kidney function in patients with type 1 hepatorenal syndrome (HRS-1)—but with a high rate of serious adverse events, reports a clinical trial in *The New England Journal of Medicine*. The CONFIRM Study (A Multi-Center, Randomized, Placebo Controlled, Double-Blind Study to Confirm Efficacy and Safety of Terlipressin in Subjects with Hepatorenal Syndrome Type 1), a randomized, phase 3 trial, included 300 adults with cirrhosis and HRS-1 treated at 60 North American centers. In a 2:1 ratio, patients were assigned to 30 days of treatment with terlipressin or placebo; concomitant albumin therapy was "strongly recommended" for both groups.

**CONCLUSION:** In this trial involving adults with cirrhosis and HRS-1, terlipressin was more effective than placebo in improving kidney function but was associated with serious adverse events, including respiratory failure.

**Laxative Use Increases with Progression to ESRD**

For patients with advanced chronic kidney disease (CKD), the transition to dialysis and end-stage kidney disease (ESKD) is associated with substantially increased use of laxatives, reports a study in *Nephrology Dialysis Transplantation*. With the use of data from the US Renal Data System Transition of Care in CKD Study, the researchers analyzed patterns of laxative use among 102,477 military veterans who transitioned to ESKD between 2007 and 2015. The analysis focused on the proportion of patients who filled a prescription for any type of laxative during 6-month periods before and after the transition to ESKD. Factors associated with pre-ESKD laxative use were analyzed as well.

Patients used more laxatives as they approached ESKD. The proportion of laxative use peaked at 37.1% in the first 6 months after dialysis transition, remaining stable thereafter. Stool softeners were the most commonly used product (about 50% of users), followed by hyperosmotic agents (about 20%), and stimulants (about 10%). Pre-ESKD laxative use was independently associated with use of medications, including the following: anticoagulants, odds ratio (OR) 4.24; iron supplements, OR 3.42; non-opioid analgesics, OR 2.51; antihistamines, OR 2.47; and opioid analgesics, OR 2.11. Positive associations were also noted for people who are Black and those with anemia, depression, and liver disease.

Constipation is common in patients with advanced CKD, especially after progression to ESKD and dialysis. The new findings document the high prevalence of laxative use during this transition period—a pattern that may reflect the increased use of medications can induce constipation. "[P]otential changes in practice habits to avoid unnecessary laxative use could contribute to a lower overall pill and economic burden in this relevant population," the researchers write. [Sumida K, et al. Laxative use in patients with advanced kidney disease transitioning to dialysis. *Nephrol Dial Transpl.* 2021; 36:1895–1903. doi: 10.1093/ndt/gfab005.](https://academic.oup.com/ndt/article/advance-article/doi/10.1093/ndt/gfab005/5920411/redirectedFrom-fulltext)